

## CERTIFICATE OF ASSUMED BUSINESS NAME

For persons (sole proprietorships, associations, or general partnerships)  
engaged in business under a name other than their own (DBA)

STATE OF INDIANA, COUNTY OF \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

PRINTED NAMES AND RESIDENCES OF MEMBERS OF BUSINESS:

\_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_

FORM PREPARED BY: \_\_\_\_\_

### SECTION TO BE COMPLETED BY/IN PRESENCE OF NOTARY PUBLIC

*I hereby certify that I have personal knowledge of the facts stated above and that each of them are true.*

_____	_____	_____
Member's Signature	Printed Name	Capacity

*Subscribed and shown to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*

_____	_____	_____
Signature of Notary	Printed Name	County of Residence

(Notaries only) my commission expires \_\_\_\_\_

*Filed on \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_, Recorder*